PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

CONTRACTOR OF THE PROPERTY OF

PAIEN	I APPLICATIO	N FEE DETI	ERMINATIC	N RECORD		14065	bon of Opposite in	control numb
	Subst	tute for Form P	TO-875			19	$\psi \gamma \gamma$	24
CLAIMS AS FILED - PART ! (Column 1) (Column 2)			SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR	NUMBER FILE	MUME	BER EXTRA	RATE	FEE	7	RATE	-
ASIC FEE 07 CFR 1.16(a))					5	1	100.15	FEE
OTAL CLAIMS 17 CFR.1.16(cj)	ning i			1	 	OR	· 	
DEPENDENT CLAIMS			<u>-</u>	× • - • •	╂──	OR	× s	·
17 CFR 1.16(b))	minus	3 3 1.		× 5	<u> </u>	OR	x s	
WLTIPLE DEPENDENT CI	AM PRESENT	(D) CFR 1.16(d))		+5		OR	-3	
" if the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		OR	TOTAL	
CLAIN	IS AS AMENDE	- PART II						
	olumn 1)	(Calumn 2)	(Column 3)	SMALL	ENTITY	OR	OTHER SMALL	
RE AM	CLAIMS MAINING AFTER ENDMENT	HIGHEST NUMBER PREVIOUSLY PAD FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE .	ADOI- TIONAL FEE
Fotal (DF CFR 1.15(c))	Mirror	36	•/	xx25	•	OR	x 3 50	
Independent (SF OFR 1.15(b))	5 Minus	- 4	1	x.)00		OR .	× 200	
FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				1:180		OR	+.360	
Indus				TOTAL ADDL FEE		OR	TOTAL ADD'L FEE	
H 1 1 6	Aumo 1)	(Column 2)	(Column 3)					
O A N/A RE	MAINING VFTER EXPLIENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
COT OFR 1.16(c)	Mins	36		,25		OR	x: 50	
Independent GF CFR 1,16(x)	Mina	- 7		[x 100]		OR	xx 100	
AFTER PREVIOUSLY EXTRA AMEDIDAMENT PAD FOR EXTRA PAD FOR E				.180		OR	+.360	
			,	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Cc	kenn 1)	(Column 2)	(Column 3)			•	_	
'l RE	LAIMS WAINING FTER NOMENT	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total (SP CFR 1.14(4)) Independent (SP CFR 1.14(4)) FRET GRE CENTATION	Mires	PAID FOR	•	1.25	_ FEE		-50+	FEE
Independent *	Minus		-			OR	** ****	
FIRST PRESENTATION	F: 100		OR	×:100				
. Too recognision		37 C	kr i'redell	TOTAL		OR	+ 360	
				ADO'L FEE		OR	ADD'L FEE	

"If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by \$7 CPR 1.16. The information is required to obtain or retain a beneall by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by \$5 U.S.C. 122 and \$7 CPR 1.14. This collection is estimated to take 12 minutes to complete upon process, and submitting 86 completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete tile form antifor suggestions for reducing 8ths laurant, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Petents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and salect option 2.